09-50026-mg Doc 10890-7 Filed 09/19/11 Entered 09/19/11 15:31:28 Exhibit G - Checks Pg 1 of 5

## EXHIBIT G

09-50026-mg Doc 10890-7 Filed 09/19/11 Entered 09/19/11 15:31:28 Exhibit G - Checks Pg 2 of 5 08/04/2009 01:46 PW

		·		
PAY TO THE ORDER OF	Marital Trust created Shipka	, The Shipka Family 2001 Irrev WAMU F.A & Musick Loss Momt	ITUSTION John, Shipka intechnology. ISAOA, A emergency Fire Boar Inc PAY \$163,673.93 Penty Three Dollars & Ninety Th	rd Up
,	ED/CLAIMANT	8/4/	NOT VALID AFTER 90 DAYS TWO SIGNATURES REQUIRED CYCH \$2500	DATE OF LOSS
THE BANK OF I NEW YORK, NY	9CCN661 (BLD ACV Incl. EMS/BC NEW YORK MELLON		NON-NEGOTIABLE	m∈
		21300	5 FP SUP X FP	
AGENT:	Γ	7		
·	<u> </u>	آر	SENECA INSURANCE COMPANY INC.	
MAIL TO:	Musick Loss Management Inc 3101 N. Western Ave. Chicago, IL 60618	· ¬	70/19/09	

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS EXPENSE SHOWN ABOVE.

**CLAIM FILE COPY** 

CLAIM	LLC First Chicago Trust U/T #2 MGMT Inc, Ronald B Shipka, Lav	6/3/2010 SCC2041267 02 2/28/09 SELECA INSUIJANCE COMPANY, INC. NOT VALIDAFTER 90 DAYS WYCHANUFA JEONIED OVER \$2500  AUTHORIZED SKRNATURE  NON-NEGOTIABLE AUTHORIZED SKRNATURE
AGENT:	Г L	213316    Sup   PP
MAIL TO:	Musick Loss MGMT Inc 3101 n Western Ave Chicago, IL 60618	

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS EXPENSE SHOWN ABOVE.

CLAIM FILE COPY

## 09-50026-mg Doc 10890-7 Filed 09/19/11 Entered 09/19/11 15:31:28 **Exhibit** Exhibit G - Checks Pg 4 of 5

SWORM STATEMENT IN PROOF OF LOSS

\$% 1,823,000,00 Amount of Policy at Time of Loss

SENECA INSURANCE COMPANY

SCC 2041267 Policy Number

Agency At New York, MY

Data Explies: 04/29/09

Data Issued: 04/2008

Agent Frank Crystal & Company

DECEIVED  By the above indicated poli  JUL 3 1 2003	icy of insurance you insure	od
	nterprise Development	
BY: W/		
against loss by All Risks upon the property described according to the transfers and assignments attached thereto.	erms and conditions of sa	id policy and all forms, endorsements,
Time and Origin: A Fire loss occurred about	o'clock	M. on the 28 <sup>th</sup>
day of February, 2009. The cause and origin of said loss were: fi	ire erupled from a Pontlac	automobile belonging to a tenant parked i
the building garage. The building is located at (Loc. #B) 1301-2	9 W. Fletcher, Chicago, It	60657.
Property Involved in Claim: building and loss of rents.  Occupancy: The building described, or containing the property des	scribed, was occupied at th	e time of the loss as follows, and for no other
purpose whatever: Residential apartment use		
Title and Interest At the time of the loss the interest of your insur-	ed in the property describe	ed therein was: Owner
No other person or entity had any interest therein or encumbrance Trust U/T #25-8111, EDC Properties, L, L, C,, EDC Menagement for Ron Jr., The Shipka Family Trust for John, The Shipka Lifetime Mutual Bank, F. A. ISAOA and Music Loss Management, Inc.	Inc., Ronald B. Shipka, La	ı Verne Shipka, The Shipka Family Gift Trus
Changes: Since the above policy was issued there has been no	ochange in title, use or po	ssession of said property except: None
The Total Insurance covering the described property including to agreements to insure was at time of loss:	\$11,	,823,000.00
Full Cost of Repair or Replacement (Building loss only)		
Applicable Depreciation		
X Actual Cash Value Loss Replace		
Less deductibles and/or pericipation by the insured		
·		
X Actual Cash Value Loss (building claim)		
Supplemental Claim, to be filed in accordance with the terms and co Cost Coverage within 180 days from date of loss will not exceed		
This loss did not originate by any act, design or procurement of the inspect of the inspect of the inspect of the poissons of the lost of the poissons of the building damaged or destroyed, belonging to and in possoncealed and no attempt to deceive the company has been made, any plant of this proof.	dicy: no articles are mention seasion of the institute at the ther information that may b	ned herein or in annexed schedules but such ne time of losst no property saved has been ne required will be furnished and considered a
It is expressly understood and agreed that the furnishing of this blank to the making of this proof, is not a waiver of any rights of said insurer of late of ACCIVIOS	otherinsulex of the assistant of any of the conditions of	nce of an adjuster, or any agent of the insure If this policy.
ounty of COOK. By		
53	della min	2009

in the mexical or this broot is not a walve	r or any agais of said )	uanter of ove	inital indications of the	iis poliçy.
State of 164N015	Insured// //		////	
County of COOK.	By//	// // //		
		7 2-2	(MILE)	
Subscribed and sworn to before me this_	$\mathcal{A}\mathcal{A}$	day of	JULY	2009
Karen 1. Tuck N	otary Public	7 834		

090428.03

OFFICIAL SEAL KAREN A. TUCKER Notary Public - State of Illinois My Conmission Expires Mar 02, 2012

## SWORN STATEMENT IN PROOF OF LOSS TO

\$11,823,000.00 Amount of Poscy at Time of Loss

SENECA INSURANCE COMPANY

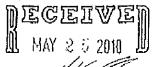
SCC 2041287 Policy Number

Date bought, 04/28/08

Agency At New York, NY

Deta Expires: 04/29/09

Agent Frank Crystal & Company



By the above indicated policy of insurance you insured

EL TIMI & V ZUIU ZU	Ronald B. Shipka, Enle	irprise Development				
against loss by Ali Risks upon the property desc transfers and assignments attached thereto.						
Time and Origin: A Fire loss occurred ab	out	o'dock	M. on the 26	<b>195</b> (		
day of February, 2009. The cause and o	rigin of said loss were: fire	erupted from a Ponti	ac automobile belonging t	o a tenant parked in		
the building gerage. The building is loca	ited at (Loc. #8) 1301-29	W. Flotchor, Chicago,	IL 60667.			
Property involved in Claim: building and lo Occupancy: The building described, or co	Property Involved in Claim: building and loss of rents.  Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other					
purpose whetever: Residential apartment	U80					
Tite and interest At the time of the loss t	the Interest of your insured	In the property descr	ibed therein was: Owner			
No other person or entity had any interest Trust U/T #25-8111, EDC Properties, L. t. for Ron Jr., The Shipka Family Trust for Jo Managament, Inc.	. C., EDC Management Ir ohn, The Shipka Lifetime	ic., Ronald B. Shipka, Marital Trust created t	La Verne Shipka, The Ship Shipka 2001 krovocable Tri	usi and Music Loss		
Changes: Since the above policy was is:	son nead ead erent bour	change in tille, use or	possession of said proper	ly except: None		
The Total Insurance covering the descri or ugreements to insure was at time of los	ibed property including th	is policy and all other	policies (whether valid or 11,823,000.00	nol), binders		
Full Replacement Coat of said property at	time of loss:		884,217,00			
Full Cost of Repair or Replacement (Loss	of Rents only)	**************************	\$25	275.00		
Applicable Depreciation	.Ekiffdrenfynnssaring:en henzbungsgiptisks):	(}&&&}	<u>\$</u>	NA		
X Actual Cash Value Loss (Loss of Rents	a only) Replacer	nent Cost Loss	\$ 2	275.00		
Loss deductibles and/or participation by th						
X Actual Cash Value Loss (Loss of Rents	t chly}BRepacon	nent Cost Loss	\$ 2	,275.00		
Supplemental Claim, to be filed in accords Cost Coverage within N/A days from date not exceed	nce with the terms and cor of loss will	ofitions of the Replacer	Ment	N/A		
This loss did not originate by any act, design consent of the induced or this subscriber to violate as were in the building damaged or destroyed, to conceeled and no attempt to deceive the companient of this proof.  It is expressly understood and agreed that the	or procurement of the insight of the poli- belonging to and in posser what been made. Any off	ured, or this subscriber by: no articles are mon ssion of the insured a per latermation that materials	nothing has been done by Noted herein or in annexed The time of loss; no prop Yoe required will be furnish	d schedules but such arry saved has been led and considered a		
in the making of this proof, is not a waiver of any	tumishing of this blank to rights of said insurar or (	the insured of the assi of any of the condition	stamtå of an adjuster, or an s of this/policy.	y agent of the insurer		
State of ILL/NO/S	Insured	//////////	<i>[[</i>	<del></del>		
County of COOK *	" By	V // //	TLE)			
Subscribed and swom to before me this	1 CAX day o	181211	ILE;	<del>TO THE OWN</del>		
Modaly Pt	<i></i>	OFFICIAL SEAL SUSAN M GLUT PUBLIC - STATE OF !!	LINO(S \$	090428.06		